

MONTANA STATE ELECTRICAL BOARD
301 SOUTH PARK, PO BOX 200513
HELENA, MT 59620-0513
(406) 841-2329 FAX (406) 841-2309
www.electrician.mt.gov

ADA FORM

REQUEST FOR MODIFICATION IN THE ADMINISTRATION OF THE _____
ELECTRICIAN EXAMINATION

The State Electrical Board complies with the Americans with Disabilities Act of 1990. To ensure equal opportunity for all qualified persons, the Board will make reasonable accommodations for candidates having disabilities that might affect their taking the licensing examination.

Please provide the following information and return this form to the Board.

1. What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing)?
2. Will this disability require special accommodations in order for you to take the _____ Electrician Examination? _____ Yes _____ No
3. If yes, describe the special accommodations needed. Use a separate sheet of paper if more space is needed. If extra time is needed for an exam, list the amount of time needed.
4. Provide the Board with written documentation from an appropriate health care professional supporting the accommodations you request. This documentation must be received by the Board office prior to an examination. The documentation must include a diagnosis of your disability and a specific recommendation and justification for the testing accommodations you require. The Board will not pay any costs you may incur in obtaining the required diagnosis and recommendation. However, it will pay for any reasonable accommodations that are provided for you.

Name (Please print)

Signature

Social Security Number

Date